



Longitudinal Ideation Survey Results

Executive Report

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Longitudinal Ideation Survey: Executive Report

Executive Summary

Suicide is a serious concern for the Department of Defense (DoD) and the military community, and a threat to the readiness and wellbeing of the force. One area of focus for DoD suicide prevention efforts is to encourage help-seeking. Research shows that Service members are often concerned about stigma and negative career ramifications.¹ Also, approximately three-quarters of respondents to the *2020 Status of Forces Survey of Active Duty Members (SOFS-A)* agreed that a negative impact on one's career impedes help-seeking.² Still, relatively little is known about the factors that motivate or discourage Service members from seeking help. Developing such understandings stands to support DoD suicide prevention efforts to enhance, facilitate, and ensure ready access to supportive services for all Service members.

This study found that experiences of psychological distress are a key motivating factor for help-seeking. Results also showed how help-seeking among individuals with a recent history of suicidal ideation or attempts gave way to an increased belief that life is worth living. Service members also indicated certain real and perceived barriers to help-seeking, including negative personnel outcomes resulting from help-seeking. Of note, in examining barriers to help-seeking, most respondents interpreted career considerations to mean something separate and distinct from security clearance adjudication procedures.

Taken together, such findings highlight the value of promoting supportive options that help Service members recognize signs of distress in themselves and others and encourage help-seeking and other proactive coping strategies. Such options need not be limited only to Service members experiencing crisis states. By adopting an early-intervention or “upstream” focus, it may be possible to prevent some Service members from transitioning to a crisis state.

Positive experiences gained from help-seeking can also serve to reduce stigma and encourage more Service members to seek out help. Still, DoD and the Services must continue deliberate efforts to ensure that Service member privacy is respected to the greatest extent possible, and that help-seeking resources are easily accessible without unnecessary burden or command notification requirements that may perpetuate stigma.

Overview of the *Longitudinal Ideation Survey*

The *Longitudinal Ideation Survey (LIS)* examined help-seeking practices and experiences in a targeted, convenience sample of Active Duty Service members. This convenience sample included a recontact of Service members who endorsed suicidal ideations on the *SOFS-A* and a demographically matched group of Service members who indicated no history of suicidal ideation on the *SOFS-A*. Data were collected by online survey conducted over two time-points, one year apart. The *LIS* operationalized help-seeking in two ways: (1) talking with anyone about

¹ Sharp, M. L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic Reviews*, 37, 144–162. doi: 10.1093/epirev/mxu012

² Office of People Analytics. (2021). 2020 Status of Forces Survey of Active Duty Members.

previous suicidal ideations or attempts and (2) a broader category pertaining to talking with a counselor about any topic (e.g., mental health, relationships, finances).

The results presented in this Executive Report focus on two topic areas. The first includes descriptive findings examining help-seeking practices and experiences among those with recent suicidal ideation. The second includes examining different predictors of help-seeking.

Help-Seeking Among Those with Recent Suicidal Ideation

- ❖ **Motivators and Barriers.** Among those with recent ideation ($N = 425$) who sought help (41%, $n = 175$), the most frequently reported motivators for help-seeking were a basic desire to live and continue to experience positive experiences (50%, $n = 87$) as well as a self-admitted need for help (45%, $n = 79$). For those with recent ideation who did not seek help ($N = 245$), the most common barriers included perceived negative career impacts (62%, $n = 153$) and fears of treatment confidentiality (47%, $n = 114$).
- ❖ **Outcomes of Help-Seeking.** Most Service members in the LIS who had talked to someone about their suicidal ideations indicated that help-seeking was beneficial. Specifically, talking with someone about their suicidal ideation made them feel that life is worth living (90%, $n = 154$). Most respondents who sought help did not report negative career consequences. When negative career consequences did occur in a minority of respondents (26%, $n = 45$), these consequences most often included a lower-than-deserved performance evaluation or award ineligibility.
- ❖ **Types of Help Sought:** Service members most often sought help from military mental health services (62%, $n = 109$), followed by spouses or significant others (55%, $n = 96$), and friends not in their chain of command (35%, $n = 62$).

Predictors of Help-Seeking

- ❖ **Talking with someone about recent suicidal thoughts.** Individuals with higher financial stability were less likely to speak to someone about recent suicidal thoughts than those with lower financial stability. Those with higher psychological pain were more likely to speak with someone about their recent suicidal thoughts.
- ❖ **Talking to a counselor about any topic.** Higher satisfaction with military life, higher relationship quality, and higher financial stability decreased the likelihood of speaking with a counselor, while higher psychological pain and hopelessness increased the likelihood of speaking with a counselor.

Limitations

The results of this study need to be tempered against certain limitations associated with the study methodology. Among others, the sample population was skewed towards more senior level enlisted personnel and officers. Compared to junior level enlisted personnel and officers, this sample populations may then have experienced fewer tangible barriers towards help-seeking, had more autonomy over their time, and greater resources at their disposal (e.g., financial, child-

care). Despite these limitations, the findings presented in this report provide valuable and unique insight into motivators and barriers for help-seeking that can inform policies and programs.

Recommendations

Recommendation 1. Continue to actively promote the utility of help-seeking and supportive services (e.g., talking to a counselor) as not being limited only to crisis states. For example, the DoD’s Resources Exist, Asking Can Help (REACH) program is designed to reduce stigma and barriers to care, as well as increase help-seeking. As part of an upstream prevention focus, help-seeking and supportive services can be used, for example, to enhance coping skills and build resilience. Even in the absence of a crisis state, an upstream focus could support favorable longitudinal outcomes for Service members.

Recommendation 2. *LIS* respondents with a recent history of suicidal behavior who talked with someone about their suicidal behavior engaged with different sources of support, not limited only to clinical professionals. Continue to ensure access to suicide prevention resources and training options for non-clinicians (e.g., friends, family) and non-mental health professionals (e.g., chaplains, general medical doctors). Examples of existing DoD programs include “Re The We,” a program for military couples, and Counseling on Access to Lethal Means (CALM) training, designed for military spouses as well as the broader military community.

Recommendation 3. Continue to focus on eliminating barriers to help-seeking reported by Service members. To encourage Service members to actively engage with supportive services—even in the absence of suicidal behavior or crisis states—it is important to ensure that help-seeking does not contribute to negative personnel consequences. To this end, DoD recently undertook the creation of a working group to address stigma towards help-seeking and continue to educate Service members on the availability and benefits of help-seeking.

Introduction

Service members face a variety of difficult and stressful situations while serving in the military. How Service members react and adapt to stressful circumstances is an area of vital interest to the DoD and policymakers and effectively supporting Service members is critical to ensuring their wellbeing and promoting mission readiness. One area of focus for DoD suicide prevention efforts is the encouragement of help-seeking. Relatively little is known about the factors that motivate or discourage Service members from seeking help. Developing such understandings can bolster DoD suicide prevention efforts to ensure supportive services for all Service members. This executive report presents results from a study, the *LIS* which focused on examining help-seeking practices and experiences among Service members.

The *LIS* was a two-wave study focused on examining and better understanding help-seeking in a targeted sample of Active-Duty Service members. The two waves of the survey were fielded online, one year apart (Wave 1, Spring 2020; Wave 2, Spring 2021). For the purposes of this study, help-seeking was operationalized in two ways: (1) respondents who endorsed recent suicidal thoughts or attempts were asked whether they talked with someone about their suicidal thoughts; (2), all respondents (regardless of history of suicidal thoughts or attempts) were asked whether they have ever talked with a counselor, for any reason (e.g., mental health, relationship, financial counseling).

This report is organized into two sections. The first section presents descriptive findings related to help-seeking practices and experiences among those with recent suicidal ideation and the second section examines predictors of help-seeking. Detailed wording of each question analyzed is provided in the appendix.

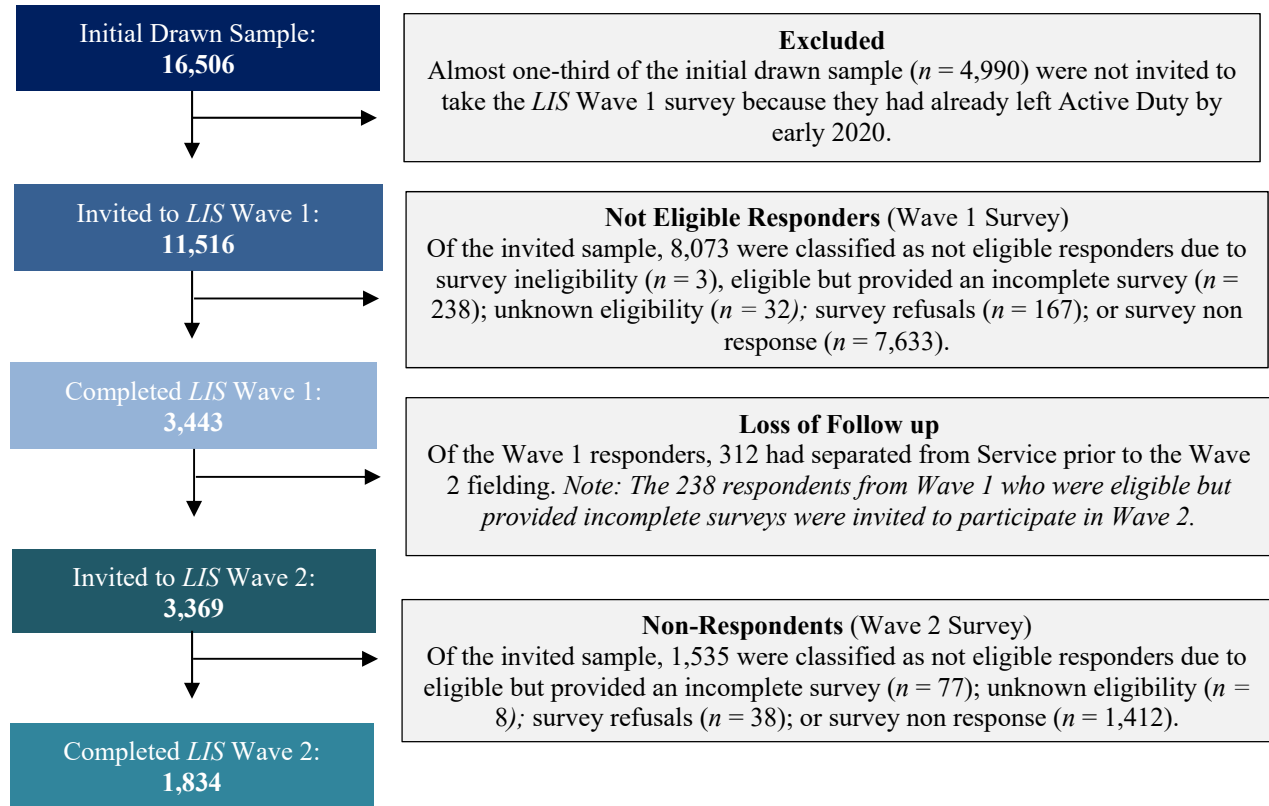
Methods

Study Design and Sampling Methodology

The *LIS* sample is a non-random convenience sample of Active-Duty Service members who completed the *SOFS-A* in 2016, 2017, and/or 2018. Originally, 16,506 *SOFS-A* respondents were selected to be invited to participate in the *LIS*. This included 8,253 individuals who indicated any lifetime history of suicidal ideation and a demographically matched group of 8,253 individuals who indicated no lifetime history of suicidal ideation.

Per the original project design, the intention was to field Wave 1 in 2019 to maximize the number of *SOFS-A* survey takers that were still on Active Duty. However, delays in funding and securing IRB approval pushed the Wave 1 fielding to the Spring of 2020. As a result, almost one-third of those initially selected to be invited to participate in the *LIS* were no longer on Active Duty by the time Wave 1 was fielded (Figure 1). For this reason, only 11,516 Service members were invited to the Wave 1 survey, of which 3,443 completed the survey. For the Wave 2 survey, 3,369 responders to Wave 1 were invited, of which 1,834 completed the survey. Ultimately, due to incomplete surveys, the final matched data set included 1,755 responders who completed both the Wave 1 and Wave 2 surveys. Appendix A includes sample demographics for these surveys.

Figure 1.
Overview of Sample Sizes from Initial Drawn Sample through Wave 2 Survey Completion

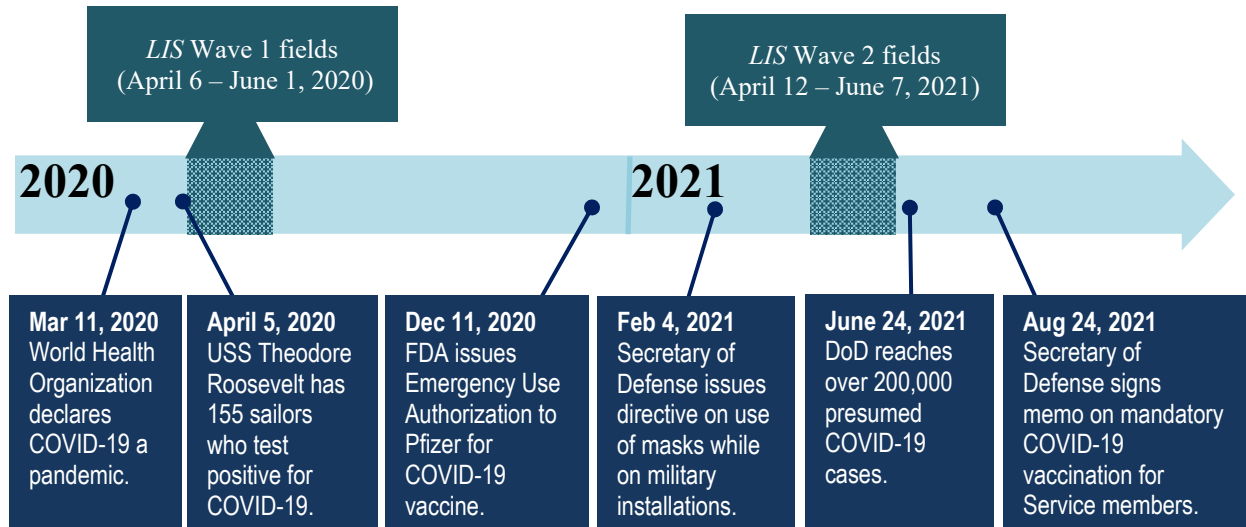


Fielding Timeline: COVID Considerations

Given the study’s focus on mental health, life stressors, and measurement of different types of distress, it is important to note that the survey fielding overlapped with the COVID-19 pandemic. Figure 2 shows the timeline of the study in relationship to key milestones of the pandemic. When contextualizing the findings from this study, it is important to keep in mind such milestones as well as the far-reaching impact of the COVID-19 pandemic. For example, research has found that public health interventions aimed to restrict and limit the spread of COVID-19 (e.g., disruptions to businesses, childcare, school systems, and travel) were especially trying for Service members and their families.³

³ Urbietta, D. A., Akin, J. L., Hamilton, W. M., Brock, W. W., & Yablonsky, A. M. (2021). We're stronger together: A collaboration to support military families during the COVID-19 pandemic. *Military Medicine*, 186(12 Suppl 2), 23–34. doi: 10.1093/milmed/usab213; Adler, A. B., Gutierrez, I. A., Gomez, S., Beymer, M. R., Santo, T. J., Thomas, J. L., Quartana, P. J. (2022). US soldiers and the role of leadership: COVID-19, mental health, and adherence to public health guidelines. *BMC Public Health*, 22(1), 943. doi: 10.1186/s12889-022-13345-z

Figure 2.
LIS Fielding Timeline and Select COVID-19 Milestones⁴



Limitations Based on Recontact Sampling Approach

The *SOFS-A* recontact approach represents use of a convenience sample. Consequently, the results presented here cannot be generalized and may reflect the views of Service members who were already more likely to seek help or to openly disclose distress. Additionally, given the elapsed time between the respective *SOFS-A* administrations, all *LIS* respondents were on Active Duty as of April 2018 or earlier. As a result, the experiences of younger, enlisted Service members, with fewer than two years of Active Duty service, are not represented in the *LIS*. Of note, this group (i.e., younger, enlisted personnel) was identified as of greatest concern in the DoD’s *Annual Suicide Report for Calendar Year 2020*. This skew in the sample toward officers and senior enlisted should be considered when interpreting findings. For example, it may be possible that senior-level personnel experience fewer barriers towards help seeking (e.g., increased financial resources, greater work autonomy) than junior service members.

Additionally, the *LIS* operationalized help-seeking broadly, assessing only whether respondents “ever talked to anyone” about their suicidal ideation across various clinical, non-clinical, and social domains. The survey did not reference any specific programs or support options. The findings should not therefore be interpreted to reflect the real or perceived effectiveness of any intervention or organized program. Also, the *LIS* exclusively included self-reported data which precluded any third-party verification or confirmation related to the information provided. Lastly, as with most all self-report surveys examining behavioral health outcomes, our findings are vulnerable to response bias. Previous research has found that military personnel oftentimes underreport suicidal thoughts and behaviors in self-report surveys.⁵

⁴ Milestones were selected from the Defense Department Coronavirus Timeline (<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Timeline/>)

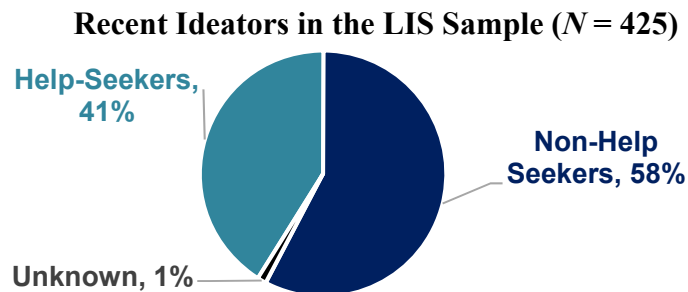
⁵ Anestis, M. D., Mohn, R. S., Dorminey, J. W., & Green, B. A. (2019). Detecting potential underreporting of suicide ideation among U.S. military personnel. *Suicide & Life-Threatening Behavior*, 49(1), 210–220. doi: 10.1111/sltb.12425

Topic 1. Descriptive Findings on Help-Seeking Practices Among Those with Recent Suicidal Ideation

In this section of the report, we focus on results from the Wave 1 survey⁶ and report descriptive findings for a subset of *LIS* respondents who reported *recent* suicidal ideation (i.e., in the past 12 months; $N = 425$). Recent ideators are recognized as a group in particular need of support owing to their increased risk of transitioning to a suicide attempt.⁷ Figure 3 illustrates how this group was further subdivided into *help-seekers* (41%, $n = 175$) and *non-help seekers* (58%, $n = 245$). An overview of select demographics for each subgroup is provided in Table 1, a more detailed set of demographics is provided in Appendix A, Table A1.

Figure 3.

Prevalence of Help-Seeking Among Recent Ideators (Wave 1)



Motivators and Barriers to Help-Seeking Among Recent Ideators

❖ *What were the motivators to speaking with someone about having suicidal thoughts?*

First, we examined motivators to help-seeking and looked at the reasons selected for talking to someone about suicidal thoughts. Among recent ideators who sought help (41%, $N = 175$), positive feelings towards others was the most often cited motivator, reported by 50% ($n = 87$) of respondents, followed by needing someone to talk to, reported by 45% ($n = 79$) of respondents, and not really wanting to die, reported by 45% ($n = 78$) of respondents. Being “forced” to seek help was less common, with only 11% ($n = 19$) indicating being forced by their spouse or significant other, 7% ($n = 12$) indicating being forced by their leadership, and 4% ($n = 7$) indicating being forced by friends or

The top three motivators for speaking to someone about suicidal thoughts were positive feelings towards others, needing someone to talk to, and not really wanting to die.

⁶ Wave 1 of the *LIS* was fielded online from April–June 2020.

⁷ May, A. M., & Victor, S. E. (2018). From ideation to action: recent advances in understanding suicide capability. *Current Opinion in Psychology*, 22, 1–6. doi: 10.1016/j.copsyc.2017.07.007; Naifeh, J. A., Ursano, R. J., Kessler, R. C., Zaslavsky, A. M., Nock, M. K., Dempsey, C. L. ... Stein, M. B. (2019). Transition to suicide attempt from recent suicide ideation in U.S. Army soldiers: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Depression and Anxiety*, 36(5), 412–422. doi: 10.1002/da.22870

family members. Respondents were able to endorse multiple items and 75% ($n = 132$) indicated more than one reason. See Appendix B, Table B1 for a more detailed review of all responses.

Table 1
Select Demographics for Recent Ideators by Help-Seeking Group

	Recent ideators who sought help; ($N = 175$)		Recent ideators who did not seek help; ($N = 245$)	
	<i>n</i>	%	<i>n</i>	%
Service				
Army	55	31%	81	33%
Navy	30	17%	47	19%
Marine Corps	46	26%	72	29%
Air Force	44	25%	45	18%
Sex				
Men	130	74%	205	84%
Women	45	26%	40	16%
Paygrade				
E1 to E4	12	7%	9	4%
E5 to E9	91	52%	100	41%
W1 to W5	8	5%	24	10%
O1 to O3	37	21%	44	18%
O4 to O6	27	15%	68	28%

Notes: Percentages may not sum to 100% due to rounding.

❖ **What were the barriers to speaking with someone about having suicidal thoughts?**

As highlighted earlier, the majority of recent ideators in the LIS (58%) reported not speaking with anyone about their suicidal thoughts. To understand the barriers to help-seeking, we looked at the reasons reported by recent ideators who did *not* talk to anyone about their suicidal thoughts ($N = 245$). Career considerations were the most often cited reason for not seeking help, endorsed by 62% ($n = 153$), followed by fearing a negative impact on one’s security clearance, endorsed by 49% ($n = 120$), and concerns about treatment confidentiality, endorsed by 47% ($n = 114$) of these respondents. Of note, although career considerations are sometimes considered in the military to be synonymous with possessing a security clearance, the findings here suggest that career considerations are interpreted as broader than just a security clearance. Although 6% of recent ideators who did not talk to anyone about their suicidal thoughts did not report any barriers ($n = 15$), it is unclear if these individuals experienced none of the barriers listed or just chose not to answer this question. When answering this item, respondents were able to endorse multiple responses. For this group of respondents, 80% ($n = 197$) indicated more than one barrier. See Appendix B, Table B2 for a more detailed review of all responses.

The top three barriers to speaking with someone about suicidal thoughts were career considerations, impact on security clearance, and confidentiality concerns.

Help-Seeking Sources Among Recent Ideators

❖ *Who did Service members speak to about their recent suicidal thoughts?*

Approximately 40% of recent ideators in the LIS reported speaking to someone about their suicidal thoughts. Next, we examined the categories of help-seeking sources reported by recent ideators ($N = 175$). Mental health professionals at a military facility represented

The most cited help-seeking sources were military mental health professionals, spouses or significant others, and military friends not in their chain of command.

the most prevalent help-seeking category, reported by 62% of respondents ($n = 109$), followed by spouse or significant other, reported by 55% of respondents ($n = 96$), and military friend not in their chain of command, reported by 35% of respondents ($n = 62$). Of note, only 5% of respondents ($n = 8$) indicated accessing a military-run suicide helpline (the question did not specify which crisis helpline). Respondents were able to endorse multiple responses. Approximately 71% ($n = 125$) of help-seekers spoke with more than one category of help-seeking source. See Appendix B, Table B3 for a more detailed review of all responses.

❖ *Did Service members perceive these conversations as helpful for combatting suicidal thoughts?*

Recent ideators who sought help were asked whether they found talking with someone helped them feel their life is worth living ($N = 174$). Those who endorsed engaging with multiple sources were only asked about the

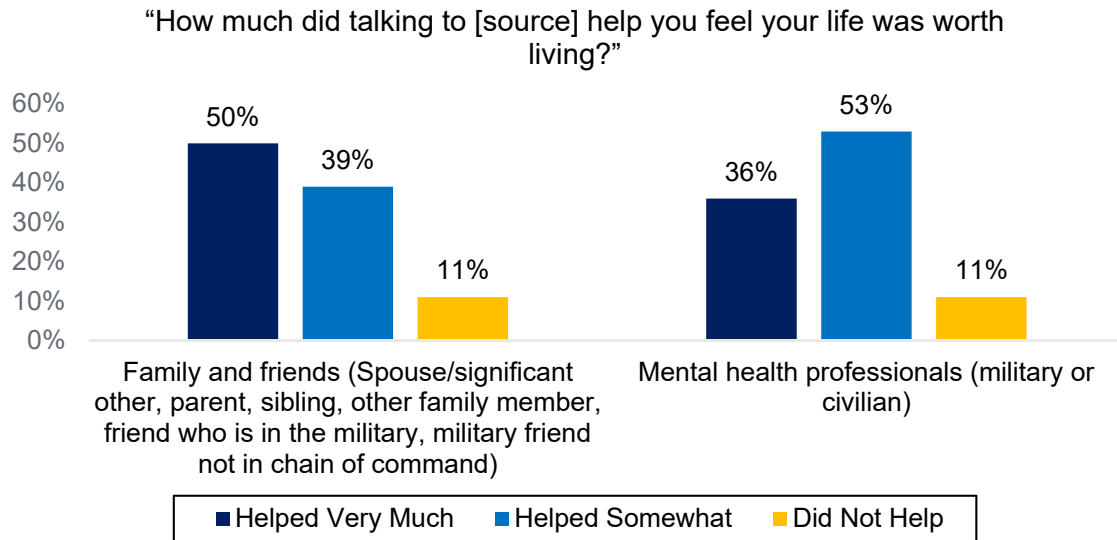
Among those who sought help, 90% felt that talking with someone helped either “somewhat” or “very much.”

single source they indicated as engaging with most frequently (Appendix B, Table B4). Taken together, almost 90% ($n = 154$) of recent ideators who sought help indicated that talking with someone helped either “somewhat” or “very much” for them to feel that their life is worth living. See Appendix B, Table B5 for a more detailed review of responses provided to this question.

Next, we examined the frequency with which specific categories of support were found to help Service members feel that life is worth living. Again, those who engaged with multiple sources were asked only about the source they most frequently engaged with. Given the small cell sizes for some of the help-seeking sources, similar categories were combined into two broader categories of support to allow for more meaningful interpretation of findings.⁸ Family and friends represent the most prevalent broader category, indicated by approximately 48% ($n = 84$) of recent ideators who endorsed help-seeking. Of these respondents, 50% ($n = 42$) reported that this group helped very much. Mental health professionals (military or civilian) represent the second broader category, indicated by approximately 46% ($n = 80$) of recent ideators who endorsed help-seeking. Of these respondents, 36% ($n = 29$) reported that this group helped very much. See Appendix B, Table B7 for a more detailed review of all responses.

⁸ Four help-seeking sources (Chaplain, pastor, rabbi, or other spiritual counselor, general medical doctor at a military facility, someone at a military-run suicide helpline, and someone in my chain of command) did not fit into either of these broader categories.

Figure 4.
Helpfulness of Key Help-Seeking Sources



Negative Personnel Actions Among Recent Ideators who Sought Help

❖ *Did those who sought help perceive negative consequences?*

Here we examined if recent ideators who sought help ($N = 175$) experienced any negative consequences as a result of their help-seeking. Almost three-quarters ($n = 128$) of recent ideators who sought help did not report experiencing any negative personnel actions as a result of seeking help, while approximately one-quarter ($n = 45$) of this group reported experiencing some type of negative personnel consequence. The most frequent consequence was a lower performance rating or denial of an award, reported by 17% ($n = 29$) of recent ideators who sought help, followed by being assigned duties not matched to their grade, reported by 10% ($n = 17$), and being denied a training opportunity, reported by 9% ($n = 15$). Respondents were able to endorse multiple responses. Approximately 49% ($n = 22$) of help-seekers who reported experiencing some type of negative personnel consequence reported experiencing more than one negative action. See Appendix B, Table B8 for a more detailed review of all responses.

Among those who experienced negative consequences as a result of seeking help, the most commonly reported negative consequences were a lower performance rating or being denied an award.

Topic 2: Predictors of Help-Seeking

In this section of the report, we examine the extent to which variables from Wave 1 predicted help-seeking in Wave 2. For these analyses we identified eight different variables of distress (e.g., alcohol use). Each of these variables was examined to see if they could be used to predict the two different operationalizations of help-seeking.

Analytic Approach: Predicting Help-Seeking

Sample. For these analyses, given the analytic focus on variables from both Wave 1 and Wave 2, we used the matched sample of individuals who responded to the LIS at both points in time ($N = 1,755$). See Table A2 in Appendix A for detailed sample demographics.

Outcome Measures. The LIS contains two help-seeking items which were examined in the current analyses:

- **Talking to anyone about suicidal thoughts:** This item was asked only of those respondents that indicated prior suicidal thoughts or attempts. In Wave 2, 45% of respondents with recent suicidal ideations or attempts indicated speaking to someone within the past 12 months about their suicidal thoughts.
- **Talking to a counselor about any topic:** This item asks broadly about talking to a counselor (about any topic) in the past year. This item was asked of all LIS respondents (both ideators and non-ideators). In Wave 2, 27% of the respondents indicated talking with a counselor within the past 12 months.

It is important to note that the sample composition and sample sizes for these two items are very different (Table 2). Analyses predicting talking to anyone about suicidal thoughts are limited to recent ideators in the sample, while analyses predicting talking to a counselor include all sample members (irrespective of history of suicidal behavior). This difference is important to keep in mind when interpreting the results.

Table 2.
Recoded Help-Seeking Variables from Wave 2⁹

	Talking to Anyone about Suicidal Thoughts	Talking to a Counselor (About Any Topic)
0: No	102	1,277
1: Yes	85	477
<i>N</i> for each variable	187	1,754

Predictors of Help-Seeking. The LIS assesses a number of proxy indicators of different types of distress or factors mitigating distress. Table 3 includes the eight measures assessed at Wave 1, subsequently analyzed as predictors of help-seeking at Wave 2.

⁹ The original w2_talksuic variable had three response options: Yes; No, but I considered talking to someone; No, and I never considered talking to someone. For the purposes of these analyses, the two “no” options were grouped together.

Table 3.
Predictor Variables (Wave 1)

Predictor Variable	Description
Satisfaction with military life (Q1; w1_satover)	Single item: <i>Overall, how satisfied are you with the military way of life?</i> Scale: Score range 1-5; higher scores reflective of greater satisfaction
Partner relationship quality (Q50; w1_relna-w1_reltne)	Five items; Example items include: <i>We have a good relationship; My relationship with my partner is strong; I really feel like part of a team with my partner.</i> Scale: Each item answered on a scale of 1-5; higher scores reflective of greater partner relationship quality. Scores for each item were summed to create a composite score.
Financial stability (Q42; w1_mnycomfort)	Single item: <i>Which of the following best describes your (and/or your spouse's) financial condition?</i> Scale: Score range 1-5; higher scores reflective of greater financial stability
Change in financial situation (Q43; w1_finansit)	Single item: <i>Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?</i> Scale: Score range 1-5; higher scores reflective of an improvement in financial situation
Alcohol use (Q38; w1_dysdrnk)	Single item: <i>During the past 30 days, on how many days did you drink alcohol?</i> Scale: Score range 1-7; higher scores reflective of more frequent alcohol usage
Binge drinking (Q39; w1_dysdrnks)	Single item: <i>During the past 30 days, on how many days did you have five or more drinks of beer, wine, or liquor on the same occasion?</i> Scale: Score range 1-7; higher scores reflective of more frequent binge drinking
Psychological pain (Q12; w1_up3a-w1_up3c)	Three items: <i>I can't take my pain anymore; Because of my pain, my situation is impossible; My pain is making me fall apart.</i> Scale: Each item answered on scale of 1-5; higher scores reflective of greater psychological pain. Scores for each item were summed to create a composite score,
Hopelessness (Q45; w1_hopelessness)	Single item: <i>My future seems dark to me.</i> Dichotomous True/False variable; a response of "true" was coded as 1 and response of "false" was coded as 0.

Covariates. The LIS includes demographic variables which have been shown in previous research to predict help-seeking.¹⁰ Demographics variables selected as covariates included Service, paygrade, sex, race/ethnicity, and marital status (Table 4).

¹⁰ Pruitt, L. D., Smolenski, D. J., Bush, N. E., Tucker, J., Issa, F., Hoyt, T. V., & Reger, M. A. (2019). Suicide in the military: Understanding rates and risk factors across the United States' armed forces. *Military Medicine*, 184(S1), 432–437. doi: 10.1093/milmed/usy296

Table 4.
Demographic Covariates (Wave 1)

Covariate Variable	Description
Service (w1_service_final)	1 = Army; 2 = Navy; 3 = Marine Corps; 4 = Air Force
Paygrade Category (w1_paygrade_final)	1 = E1 to E4; 2 = E5 to E9; 3 = W1 to W5; 4 = O1 to O3; 5 = O4 to O6
Sex (w1_gender_final)	1 = Men; 2 = Women
Race/Ethnicity (w1_race_eth_final)	1 = American Indian or Alaska Native; 2 = Asian; 3 = Black (non-Hispanic); 4 = Native Hawaiian or other Pacific Islander; 5 = White (non-Hispanic); 6 = Hispanic; 7 = More than one race
Marital Status (w1_marital_final)	1 = Married; 2 = Separated; 3 = Divorced; 4 = Widowed; 5 = Never married

Results: Predicting Help-Seeking

Talking to Anyone About Suicidal Thoughts

The first set of results looks at predictors of talking to anyone about suicidal thoughts in the past year and was asked only of LIS respondents who indicated suicidal ideations or attempts in the past year. In Wave 2, 45% of LIS recent ideators indicated talking with someone about their suicidal thoughts within the past 12 months. Each of the predictor variables and covariates were entered into separate logistic regression models predicting talking to anyone about suicidal thoughts (Table 5). Having a less stable financial situation and having higher psychological pain significantly increased the odds of talking to someone about suicidal thoughts.

Table 5
Summary of Model Results Predicting Talking to Someone about Suicidal Thoughts

Predictor Variable	Odds Ratio	Z	95% Confidence Interval	Interpretation
Satisfaction with military life	0.85	-0.92	(0.60, 1.20)	<i>no significant relationship</i>
Partner relationship quality	0.82	-0.96	(0.55, 1.23)	<i>no significant relationship</i>
Financial stability	0.59	-2.66*	(0.40, 0.87)	The likelihood of talking to someone about suicidal thoughts is higher for those that have less financial stability.
Change in financial situation	0.78	-1.36	(0.55, 1.11)	<i>no significant relationship</i>
Alcohol use	0.97	-0.31	(0.83, 1.15)	<i>no significant relationship</i>
Binge drinking	0.84	-1.57	(0.67, 1.04)	<i>no significant relationship</i>
Psychological pain	1.16	2.61*	(1.04, 1.29)	The likelihood of talking to someone about suicidal thoughts is higher for those with high psychological pain.
Hopelessness	1.16	0.39	(0.54, 2.50)	<i>no significant relationship</i>

Note: * $p < .05$; Sample size for each model ranged from 129 to 187 due to missing data.

Follow-up analysis revealed that among *LIS* recent ideators, 39% of those with a stable financial situation talked to someone about their suicidal thoughts as compared to 63% of those with an unstable financial situation.¹¹ Similarly, among *LIS* recent ideators, 36% of those with low psychological pain talked to someone about their suicidal thoughts as compared to 56% of those with higher psychological pain.¹²

Talking to a Counselor About any Topic

The second set of results looks at predictors of talking to a counselor (about any topic) in the past year and was asked of all *LIS* respondents (both ideators and non-ideators). In Wave 2, 27% of *LIS* respondents indicated talking with a counselor within the past 12 months. When asked what they talked to the counselor about, the most common topics cited included: coping with stress (83%), relationship/marital issues (54%), and problem solving (46%). Each of the eight predictor variables, along with the covariates described above, were entered into separate logistic regression models predicting talking to a counselor. The results from each model are summarized in Table 6. Five of the predictor variables had significant odds ratios: being less satisfied with military life, having lower relationship quality, having a less stable financial situation, having higher psychological pain, and having higher hopelessness significantly increased the odds of speaking with a counselor in Wave 2.

Follow-up examination of the variables with significant odds ratios revealed that among *LIS* respondents, 24% of those with high satisfaction with military life talked to a counselor compared with 35% of those with low satisfaction.¹³ The difference among *LIS* respondents based on partner relationship quality was considerably smaller, with 27% of those with a high partner relationship quality reporting speaking with a counselor as compared with 29% of those with low partner relationship quality. With regards to financial stability, among *LIS* respondents, 25% of those with a stable financial situation talked to a counselor as compared to 39% of those with an unstable financial situation.¹¹ Finally, when it came to the indicators of psychological distress, 21% of *LIS* respondents with low psychological pain talked to someone about their suicidal thoughts as compared to 40% of those with high psychological pain.¹⁴ Similarly, among *LIS* respondents, 26% of those with low hopelessness talked to a counselor (about any topic) as compared to 47% of those with high hopelessness.¹⁵

¹¹ Unstable financial situation includes those describing their financial condition as “in over your head,” “tough to make ends meet by keeping your head above water,” or “occasionally have some difficulty making ends meet” and stable condition includes those describing their financial condition as “able to make ends meet without much difficulty” or “very comfortable and secure.”

¹² Low psychological pain defined as below the mean for recent ideators ($M = 6.55$) and high psychological pain defined as above the mean for recent ideators.

¹³ Low military satisfaction defined as below the mean for *LIS* respondents ($M = 3.65$) and high military satisfaction defined as above the mean for *LIS* respondents.

¹⁴ Low psychological pain defined as below the mean for *LIS* respondents ($M = 4.53$) and high psychological pain defined as above the mean for *LIS* respondents.

¹⁵ Low hopelessness defined as responding “false” to the statement, “My future seems dark to me” and high hopelessness defined as responding “true.”

Table 6
Summary of Model Results Predicting Seeing a Counselor (w2 cnslrseen)

Predictor Variable	Odds Ratio	Z	95% Confidence Interval	Interpretation
Satisfaction with military life	0.81	-3.72*	(0.72, 0.90)	The likelihood of seeing a counselor is higher for those that have lower satisfaction with military life.
Partner relationship quality	0.72	-4.65*	(0.63, 0.83)	The likelihood of seeing a counselor is higher for those that have lower partner relationship quality.
Financial stability	0.79	-3.65*	(0.69, 0.90)	The likelihood of seeing a counselor is higher for those that have less financial stability.
Change in financial situation	0.91	-1.52	(0.82, 1.03)	<i>no significant relationship</i>
Alcohol use	1.03	0.82	(0.97, 1.09)	<i>no significant relationship</i>
Binge drinking	1.04	0.85	(0.95, 1.14)	<i>no significant relationship</i>
Psychological pain	1.23	8.97*	(1.17, 1.28)	The likelihood of seeing a counselor is higher for those that have high psychological pain.
Hopelessness	2.52	4.89*	(1.74, 3.64)	The likelihood of seeing a counselor is higher for those that have higher hopelessness.

Notes: * $p < .05$; each predictor was entered into a separate model. Sample size for each model ranged from 1,298 to 1,754 due to missing data.

Discussion

The overarching aim of the *LIS* was to examine and better understand help-seeking practices among Service members. Help-seeking was operationalized as either (a) talking with someone about recent suicidal ideation or attempts or (b) talking with a counselor (about any topic). Results were analyzed across two main topic areas examining: descriptive findings on help-seeking among recent ideators and predictors of help-seeking. In interpreting the findings of the *LIS*, certain assumptions had to be made about the two help-seeking options.

As related to recent ideators, one might reasonably assume—given the *recent* nature of their suicidal thoughts—that this entire group was under some degree of distress. Still, only a portion of this population reported talking to someone about their suicidal thoughts. Specifically, respondents with higher psychological pain were found to be more likely to speak with someone. As related to talking to a counselor, it could not be discerned if such help-seeking was directly linked to an overt suicidal crisis. The total survey population (i.e., irrespective of history of suicidal ideation) responded to this question. These results indicated that the likelihood of talking to a counselor increased when experiencing distress reflective of psychological pain and hopelessness.

Taken together, the findings presented here demonstrate how experiencing distress, specifically psychological pain or hopelessness, is a key motivating factor for help-seeking. Among recent ideators who sought help, this was paired with a basic desire to live and continue to experience positive experiences as well as a self-admitted need for help. This group best illustrated the absolute benefit of help-seeking, acknowledging that it increased their feelings that life is worth living. The most common sources of help were military mental health professionals, spouses or significant others, and friends in the military.

Among recent ideators who did not seek help, it was not possible to differentiate if the distress they were experiencing was simply not at a level to warrant help-seeking or if barriers or other concerns precluded help-seeking as a feasible option. Still, it remains a cause for concern that this group—given their *recent* experiences of distress—did not seek help, either by choice or due to any extraneous factors. Addressing these barriers should remain a priority focus area.

Of particular concern were the number of recent ideators who indicated experiencing negative personnel consequences due to help-seeking. One may reasonably assume that such first- and second-hand experiences would prove especially deleterious in terms of persuading or encouraging Service members to seek help. All DoD suicide prevention efforts are underpinned by a desire to create and sustain a climate in which Service-members, not limited only to those in a crisis state, feel comfortable and safe enough to voluntarily access supportive services.

Implications

The findings of this study were intended to inform and enhance DoD's suicide prevention efforts aimed at facilitating access to supportive services for Service members. For the purposes of this study, the target at-risk population included Service members who endorsed *recent* suicidal ideation (i.e., within the 12 months preceding the Wave 1 fielding). Still, all Service members—

where desired—can access supportive services, even in the absence of suicidal behavior. This represents an “upstream focus” to prevention. Even absent any recent or lifetime history of suicidal behavior, supportive services may decrease the vulnerability of Service members to transition to suicidal ideation or attempts.

Recommendation 1: Actively promote the utility of help-seeking and supportive services (e.g., talking to a counselor) as not being limited only to crisis states.

The findings for Topic 2 indicate that Service members in an active state of distress are more likely to seek help (i.e., talking to a counselor or talking to someone about their suicidal behavior). Still, as part of an upstream focus, help-seeking and supportive services should not be limited only to crisis states, extending more broadly to enhancing life skills and building resilience. To this end, DoD has implemented such programs as REACH, a program designed to reduce stigma and barriers to care, as well as increase help-seeking.

Recommendation 2: Support non-clinicians (e.g., friends, family) and non-mental health professionals (e.g., chaplains, general medical doctors) in responding to at-risk Service member.

LIS respondents with a recent history of suicidal behavior who talked with someone about their suicidal behavior engaged with different sources of support, not limited only to mental health clinical providers. Ensure access to suicide prevention resources and training options for non-clinicians (e.g., friends, family) and non-mental health professionals (e.g., chaplains, general medical doctors). To this end, DoD has implemented the “Re The We” program for Service members in relationships. This program was designed to normalize help-seeking when faced with relationship stressors and connect military couples to resources, personalized counseling, and other support. DoD has also implemented CALM training, designed to teach strategies to increase safe storage of lethal means and address suicide risk factors. CALM training content has been designed for military spouses as well as others in the broader military community (e.g., non-mental health professionals).

Recommendation 3: Focus on eliminating the hurdles towards help-seeking reported by Service members.

The descriptive findings included in Topic 1 detailed some of the barriers and practical concerns which precluded recent ideators from help-seeking. Accordingly, to increase Service members’ willingness to engage supportive services, it is important to review and promote policies, guidelines, and directives to prevent negative personnel consequences—especially if and where such consequences might result from help-seeking. To this end, the Deputy Secretary of Defense established the Deputy’s Workforce Council which led to the creation of a working group to address stigma towards help-seeking and continue to educate Service members on the availability and benefits of help-seeking.

Conclusion

The present analyses provided insight into help-seeking behaviors in a select group of Service members. Help-seeking was operationalized here as either (a) talking with someone about recent suicidal thoughts or (b) talking to a counselor (about any topic). In deciding to talk with someone about recent suicidal behavior, Service members navigate select motivators and barriers. Service members report that talking with someone about recent suicidal behavior is overwhelmingly beneficial, though—in a limited number of cases—it might result in negative personnel outcomes. The likelihood of engaging with either form of help seeking decreased with greater financial stability and increased with higher psychological pain. The likelihood of talking to a counselor decreased with greater satisfaction with military life and relationship quality, respectively, and increased with higher levels of hopelessness. Taken together, these findings stand to inform DoD suicide prevention efforts. First, help-seeking and supportive services should not be limited only to crisis states. Second, non-clinicians (e.g., friends, family) and non-mental health professionals should have ready access to suicide prevention resources and training options for how to engage with Service members at increased risk of suicide. Third, there should be a focus on eliminating the hurdles towards help-seeking reported by Service members. Limitations in the survey methodology restrict the generalizability of these findings.

Appendix A.

Sample Demographic Characteristics.

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Table A1. Demographic Characteristics of Wave 1 Eligible Responders

	Total (N = 3,443)		Recent ideators (N = 425) ¹⁶		Recent ideators who sought help (N = 175) ¹⁷		Recent ideators who did not seek help (N = 245) ¹⁷	
	n	%	n	%	n	%	n	%
Service								
Army	1,100	32%	137	32%	55	31%	81	33%
Navy	723	21%	79	19%	30	17%	47	19%
Marine Corps	828	24%	118	28%	46	26%	72	29%
Air Force	792	23%	91	21%	44	25%	45	18%
Sex								
Men	2,799	81%	338	80%	130	74%	205	84%
Women	644	19%	87	20%	45	26%	40	16%
Paygrade								
E1 to E4	118	3%	22	5%	12	7%	9	4%
E5 to E9	1,452	42%	194	46%	91	52%	100	41%
W1 to W5	195	6%	32	8%	8	5%	24	10%
O1 to O3	555	16%	81	19%	37	21%	44	18%
O4 to O6	1,123	33%	96	23%	27	15%	68	28%
Race/Ethnicity								
American Indian or Alaska Native	31	1%	5	1%	2	1%	2	1%
Asian	164	5%	13	3%	5	3%	8	3%
Black (Non-Hispanic)	323	9%	31	7%	11	6%	20	8%
Native Hawaiian or other Pacific Islander	23	1%	1	<1%	1	1%	0	0%
White (Non-Hispanic)	2,354	68%	309	73%	131	75%	177	72%
Hispanic	448	13%	55	13%	24	14%	28	11%
Other (more than one race selected)	100	3%	11	3%	1	1%	10	4%
Marital Status								
Married	2,550	74%	295	69%	116	66%	175	71%
Separated	71	2%	11	3%	4	2%	7	3%
Divorced	347	10%	53	12%	25	14%	28	11%
Widowed	11	<1%	1	<1%	1	1%	0	0%
Never Married	464	13%	65	15%	29	17%	35	14%

Notes: Percentages may not sum to 100% due to rounding.

¹⁶ Q20, w1_SUICGHTD: “Have you ever had thoughts of actually killing yourself [...] within the past 12 months?”

¹⁷ Q27, w1_TALKSUIC: “In the past 12 months, have you ever talked to anyone about your thoughts or attempts to kill yourself?”

Table A2. Demographic Characteristics of Wave 1/Wave 2 Paired Eligible Responders

	Total (N=1,755)		Talked to a Counselor (N = 432) ¹⁸		Talked to Anyone About Recent Ideations (N = 69) ¹⁷	
	n	%	n	%	n	%
Service						
Army	571	33%	138	32%	24	35%
Navy	375	21%	89	21%	7	10%
Marine Corps	375	21%	88	20%	17	25%
Air Force	434	25%	117	27%	21	30%
Sex						
Men	1,421	81%	305	71%	55	80%
Women	334	19%	127	29%	14	20%
Paygrade						
E1 to E4	29	2%	9	2%	2	3%
E5 to E9	664	38%	216	50%	37	54%
W1 to W5	112	6%	22	5%	2	3%
O1 to O3	276	16%	59	14%	17	25%
O4 to O6	674	38%	126	29%	11	16%
Race/Ethnicity						
American Indian or Alaska Native	12	1%	5	1%	0	0%
Asian	82	5%	14	3%	1	1%
Black (Non-Hispanic)	133	8%	40	9%	3	4%
Native Hawaiian or other Pacific Islander	8	<1%	4	1%	0	0%
White (Non-Hispanic)	1,274	73%	298	69%	57	83%
Hispanic	200	11%	56	13%	7	10%
Other (more than one race selected)	46	3%	15	3%	1	1%
Marital Status						
Married	1,328	76%	296	69%	46	67%
Separated	32	2%	16	4%	2	3%
Divorced	177	10%	63	15%	6	9%
Widowed	7	<1%	1	<1%	0	0%
Never Married	211	12%	56	13%	15	22%

Notes: Percentages may not sum to 100% due to rounding.

¹⁸ Q14, w2_CNLSRSEEN: “In the past 12 months, did you talk to a counselor?”

Appendix B. Detailed Frequency Distribution of Responses (Topic 1)

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Appendix B contains the full response tabulations for the survey items examined in Topic 1.

Table B1. Counts for reasons for talking to someone about suicidal thoughts (N = 175)

Q31. w1_RFLA-L: What motivated you to talk to someone about your thoughts of suicide? Mark all that apply.	n	%
I love and enjoy people in my life too much to follow through on my suicidal thoughts	87	50%
I needed someone to talk to	79	45%
I don't really want to die	78	45%
I was in a great deal of pain	75	43%
I believe I can find a purpose in life, a reason to live	67	38%
My religious/moral beliefs forbid suicide	43	25%
I am concerned about what others would think of me if I were to follow through on my suicidal thoughts	40	23%
I am afraid of the actual "act" of killing myself	35	20%
I want to continue to serve in the Military	33	19%
My spouse/significant other forced me to seek help	19	11%
My leadership forced me to seek help	12	7%
My friends or family forced me to seek help	7	4%

Source: *Longitudinal Ideation Survey: Year 1 Topline Report*

Table B2. Counts for barriers to talking to someone about suicidal thoughts (N = 245)

Q36. w1_NOTALK2A-N: You indicated that you did not talk to someone about your thoughts or attempts to kill yourself. Why did you choose not to talk to anyone? Mark all that apply.	n	%
I was concerned it would negatively affect my career	153	62%
I was concerned it might impact my security clearance (now or in the future)	120	49%
I did not think my treatment would be kept confidential	114	47%
I thought my coworkers and/or superiors would have less confidence in me if they found out	105	43%
I was embarrassed	96	39%
I did not trust mental health professionals	94	38%
I would think less of myself if I could not handle it on my own	81	33%
I did not want anyone to interfere	66	27%
I thought my friends and family would have less respect for me if they found out	60	24%
It was difficult to arrange the time to talk to someone (e.g., could not get time off from work)	50	20%
I was concerned that any prescribed medications would have too many side effects	44	18%
I received treatment or therapy previously and did not think it was effective	26	11%
I was concerned it would cost too much money	11	4%
I did not know where to get help	2	1%

Table B3. Counts for help-seeking sources among recent ideators (N = 175)

Q28. w1_WHOTALK2A-O: Who did you talk to about these thoughts or actions? Mark all that apply.	n	%
Mental health professional at military facility	109	62%
Spouse or significant other	96	55%
Friend in military (not in chain of command)	62	35%
Friend who is not in the military	37	21%
Mental health professional at a civilian medical facility	34	19%
Someone in my chain of command	24	14%
General medical doctor at a military facility	22	13%
Chaplain, pastor, rabbi, or other spiritual counselor	22	13%
Sibling	19	11%
Parent or parental figure	17	10%
Other family member	9	5%
Someone at a military-run suicide helpline	8	5%
General medical doctor at a civilian facility	3	2%
Someone at a civilian-run suicide helpline	2	1%
Some other individual/resource not listed	2	1%

Source: *Longitudinal Ideation Survey: Year 1 Topline Report*

Table B4. Counts for most frequent help-seeking categories among recent ideators who spoke to multiple categories of help-seeking sources (N = 125)

Q29. w1_MOSTFREQHELP: Variable Text: You indicated that you talked to more than one person about your thoughts of suicide. Of those, who did you talk to most frequently?	n	%
Mental health professional at military facility	50	40%
Spouse or significant other	31	25%
Friend in military (not in chain of command)	14	11%
Friend who is not in the military	9	7%
Mental health professional at a civilian medical facility	9	7%
Sibling	3	2%
General medical doctor at a military facility	2	2%
Chaplain, pastor, rabbi, or other spiritual counselor	2	2%
Someone at a military-run suicide helpline	2	2%
Someone in my chain of command	1	1%
Parent or parental figure	1	1%
Other family member	1	1%
General medical doctor at a civilian facility	0	0%
Someone at a civilian-run suicide helpline	0	0%
Other	0	0%
TOTAL	125	100%

Source: *Longitudinal Ideation Survey: Year 1 Topline Report*

Table B5. Counts for helpfulness among recent ideators (N = 174)

Q30. w1_HELPEFFECT: “How much did talking to... help you feel your life is worth living? Please select the phrase that best applies to you. Select only one.”	n	%
Talking to (this source) did not help at all.	20	11%
Talking to (this source) helped somewhat.	80	46%
Talking to (this source) helped very much.	74	43%
TOTAL	174	100%

Source: Longitudinal Ideation Survey: Year 1 Topline Report

Table B6. Counts for helpfulness among recent ideators by help source (N = 174)

Q30. w1_HELPEFFECT: “How much did talking to ... help you feel your life is worth living? Please select the phrase that best applies to you. Select only one.”	Helped Very Much		Helped Somewhat		Did Not Help		TOTAL
	n	%	n	%	n	%	n
Mental health professional at military facility	21	30%	40	58%	8	12%	69
Spouse or significant other	20	42%	23	48%	5	10%	48
Friend in military (not in chain of command)	12	60%	6	30%	2	10%	20
Mental health professional at a civilian medical facility	8	73%	2	18%	1	9%	11
Friend who is not in the military	6	55%	4	36%	1	9%	11
Chaplain, pastor, rabbi, or other spiritual counselor	3	75%	1	25%	0	0%	4
Sibling	2	67%	0	0%	1	33%	3
General medical doctor at a military facility	0	0%	1	33%	2	67%	3
Someone at a military-run suicide helpline	0	0%	2	100%	0	0%	2
Parent or parental figure	1	100%	0	0%	0	0%	1
Other family member	1	100%	0	0%	0	0%	1
Someone in my chain of command	0	0%	1	100%	0	0%	1

Table B7. Counts for helpfulness of talking with family and friends and mental health professionals (N = 164)⁸

	Helped Very Much		Helped Somewhat		Did Not Help		TOTAL
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>
Family and friends (spouse/significant other, parent, sibling, other family member, friend who is in the military, military friend not in my chain of command)	42	50%	33	39%	9	11%	84
Mental health professionals (military or civilian)	29	36%	42	53%	9	11%	80

Table B8. Counts for negative personnel consequences as a result of seeking help (N = 175)

Q34. w1_LEADACTA-H: “As a result of you seeking help, has your leadership, or another individual who has the authority to affect a personnel decision, either done or threatened to do any of the following? Mark all that apply.”	<i>n</i>	%
Does not apply; you have not experienced any of these personnel consequences	128	73%
Rated you lower than you deserved on a performance evaluation or denied you an award you were previously eligible to receive.	29	17%
Assigned you duties that do not match your current grade.	17	10%
Denied you a training opportunity that could have led to a promotion or is needed in order to keep your current position.	15	9%
Disciplined you or ordered other corrective action.	11	6%
Demoted you, denied you promotion, or reduced your pay or benefits.	9	5%
Transferred you to a different unit or installation without your request or agreement.	7	4%
Prevented, or attempted to prevent, you from communicating with the Inspector General or a member of Congress.	7	4%
<i>Refused (no response selected)</i>	2	1%

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